

SBIRT

Essential to Adolescent Health

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American Academy of Pediatrics

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INTRODUCING SBIRT

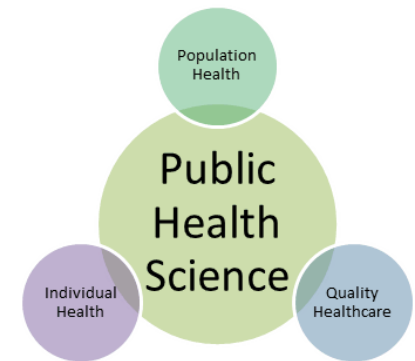
Screening, Brief Intervention & Referral to Treatment

is a comprehensive, integrated, systematic & evidence-based approach to...

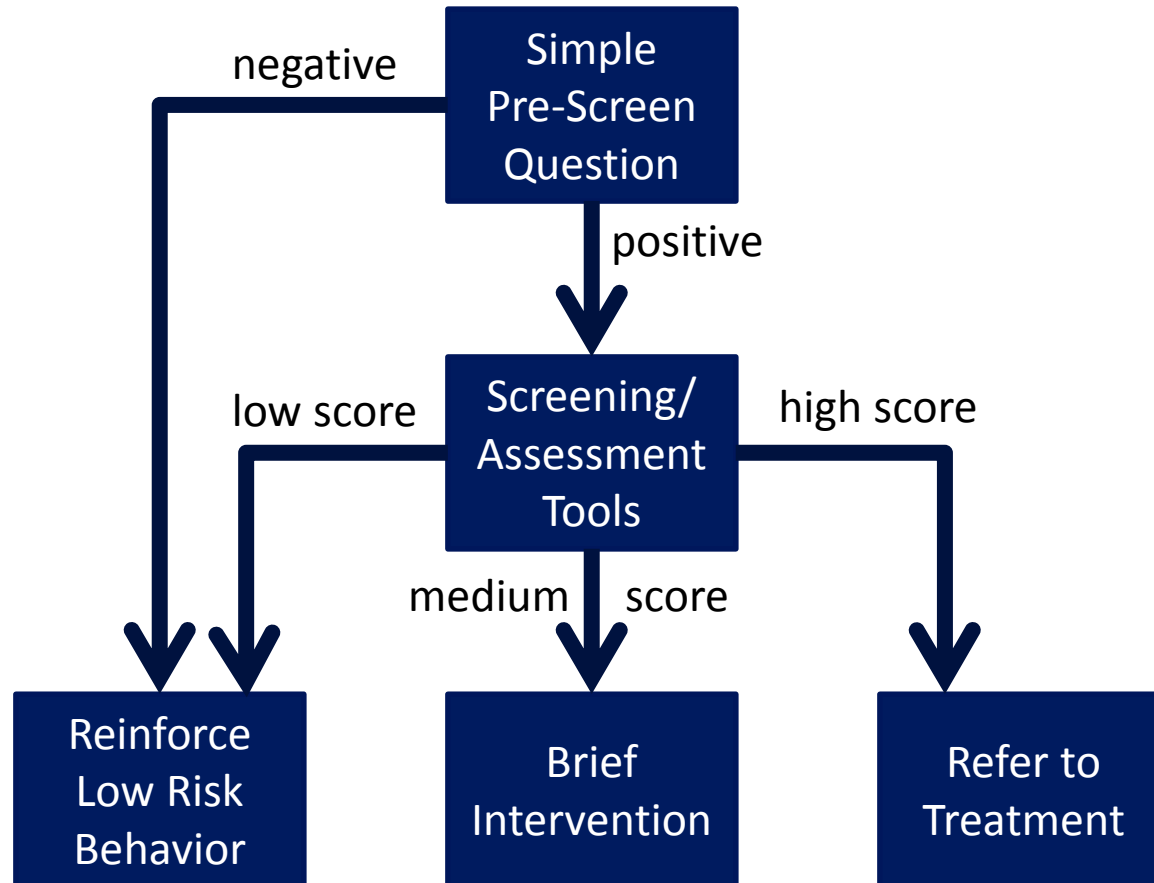
- identification of individuals with substance use risks & problems across a continuum of severity from abstinence to addiction, and
- delivery of early intervention and treatment services.

SBIRT is about...

- Prevention
- Early intervention
- Facilitating access to care & treatment



SBIRT IS AN ALGORITHM.



WHY SBIRT? THE PROBLEM

- **Alcohol, tobacco & drug use problems in US are common.**
 - Alcohol misuse costs \$249 billion/yr.
 - 75% related to binge drinking
 - Smoking still the top preventable cause of disease/death
 - Smoking-related illness in US costs over \$300 billion/year.
 - Alcohol is the 4th leading cause of preventable death.
 - 10% of children have a parent with an alcohol use problem.
- **Alcohol, tobacco and/or drug use increase the risk of health, family, legal and/or social problems.**
- **Alcohol, drug & even tobacco use often go undetected.**



WHY SBIRT? THE PROBLEM

- **Alcohol, tobacco, marijuana** are the most often used substances by children & adolescents in U.S.
 - 11% 8th gdrs & 47% 12th gdrs were **drunk** at least once.
 - 17% 12th graders **binge** drank 5+ in a row in prior 2 wks.
 - 10% 8th gdrs & 16% 10th gdrs report current **e-cig** use.
 - Higher use among teens than cigarettes (up to twice the rate)
 - Few used e-cigarettes as a tobacco quit-aid.
 - 6% 12th gdrs **daily marijuana** use. 21% past month use.

Data are from 2015 *Monitoring the Future*.



WHY SBIRT? THE PROBLEM

- Annual prevalence of ***any illicit drug use*** remained unchanged in 2015: 14.8%, 27.9%, 38.6% in 8th, 10th, 12th graders, respectively.
 - Without marijuana, use prevalence by 12th graders 21%
- **Prescription drug ‘misuse’** in the past year was reported by 13% of 12th graders.
 - Amphetamines most common drug. (ADHD stimulants)
 - Also prescription opioid pain relievers, anti-anxiety meds

Data are from 2015 *Monitoring the Future*.



WHY SBIRT? THE PROBLEM

- **Only 1 in 6** adults ever talk with a doctor or other health professional about their drinking.
- It is time for the healthcare team to:
 - **overcome** stigma.
 - **broach** the topic. (Don't wait for the patient or parent to mention it.)
 - **normalize** routine exploration of alcohol & other drug use as a health topic related to every patient's overall health and wellness.



PARENTS & ADULTS UNDER-ESTIMATE

- How many adolescents use alcohol, tobacco & all sorts of drugs (MJ, 'illicit,' Rx, OTC)
- Ease of access, particularly from the home
- How early alcohol use begins (< age 13)
- Amount consumed/used
- Associated risks
- Nature and extent of consequences to both drinkers/users & nondrinkers/others
- Stress & risks adolescents now face.



ADOLESCENCE IS KNOWN TO BE...

- a critical period in brain development.
- a critical period in setting adult behavior patterns.
- a time of **vulnerability & opportunity**.
- a time of **risk-taking & consequences**, including substance use disorders (addiction).



RISK-TAKING IN ADOLESCENCE

“It should come as no surprise to discover that the ***how-to-do-it*** capabilities mature before the ***whether-to-do-it*** capabilities. Therefore, many adolescents can successfully do things that they shouldn’t.”

Robert Sylwester U Oregon Emeritus Professor of Education
The Adolescent Brain: Reaching for Autonomy



GOALS OF ADOLESCENCE*

- SELF-IDENTITY
- SEXUAL IDENTITY
- VOCATION
- EMANCIPATION



*About age 12 through mid-20s



PROCESSES USED TO ACHIEVE THE GOALS OF ADOLESCENCE

- Behavioral Experimentation
- Testing Authority
- Rejection of Parental Values
- Struggle for Independence

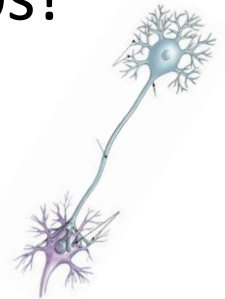


Alcohol, tobacco and other drug **USE**
is a readily **available** yet certainly an
unhealthy means to try to fulfill the
developmental processes of
adolescence and thus transition from
complete dependence to **AUTONOMY.**



RESEARCH EVIDENCE: BRAIN AREAS MATURE ASYNCHRONOUSLY!

- Different brain areas mature at different speeds.
- Myelination & brain growth well into late 20s!
 - Functional brain connections are being refined.
- Brain development sequence: brainstem, cerebellum, then cerebral hemispheres with frontal lobes last!
- EEG, imaging, cerebral glucose metabolism studies all show **later frontal lobe maturation.**



NEURODEVELOPMENT & TEEN BEHAVIOR

- Frontal lobe & prefrontal cortex mature last, so this **immaturity** is expressed as...
 - **Less** response inhibition = less impulse control
 - **Less** abstract thinking, cognitive flexibility, insight, focus, judgment, regulation of emotions
 - **Less** able to anticipate consequences of actions, organize, strategize, problem-solve, plan, multi-task
 - **More risk-taking, more impulsivity; decision-making is based on emotions and rewards!**



**WHY ARE ADOLESCENTS
MORE VULNERABLE
TO DEVELOPING
A SUBSTANCE USE PROBLEM ?**



ADDED VULNERABILITY FROM...

- The combination of intensive neurodevelopmental change and the propensity for risk-taking.
- Particular susceptibility to risk-related injuries.
- Other health complexities (chronic disease, mental health, etc.) increasing vulnerability or complicating consequences.

Most alcohol or drug use consequences are not due to addiction; rather, to the fact that all substance use confers risk.



RESEARCH EVIDENCE SHOWS...

- Exposure (especially repeated exposure) to drugs during adolescence when there is considerable immaturity & plasticity of brain processes, may permanently change brain structure, chemistry and/or function, including addiction risks.
- The age at first substance use is inversely correlated with lifetime incidence of developing a substance use disorder (addiction).
 - Avoiding substance use before mid-20s in age greatly diminishes one's lifetime risk of addiction.



WHY SBIRT? THE BENEFITS

SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT

- Substance use disorders are preventable.
- Substance use disorders are identifiable.
- Early intervention improves outcomes.
- People of all ages are interested in being educated about their health (and about their child/teen's health).
- People are more open to change than expected.
- As a pediatrician, you can make a difference!



AAP SBIRT POLICY STATEMENT - JULY 2016

Substance Use Screening, Brief Intervention, and Referral to Treatment

The AAP recommends that...

- **Pediatricians** gain skills regarding adolescent substance use, including using comprehensive SBIRT practices in the medical home.
- **Health insurance providers** promote and reimburse for SBIRT as part of medical home health maintenance, and ensure a standard payment mechanism for all confidential care of adolescents.
- **Research** support be increased regarding effective brief intervention and treatment applicable to adolescent health care.



AAP SBIRT CLINICAL REPORT - JULY 2016

Highlights:

- **Abstinence** from all substance use is recommended for adolescents because of their **ongoing neurodevelopmental vulnerability** to harms associated with drug and alcohol use.
- **Confidential screening** for alcohol and drug use is recommended as a part of **routine** health care for adolescents.
- **Screening** should occur at least annually, including:
 - Every health maintenance visit
 - Any sick or urgent care visit possibly related to substance use
 - Whenever feasible at other types of visits



AAP SBIRT CLINICAL REPORT - JULY 2016

More Highlights:

- **Validated screening tools** can guide the clinician's response.
 - Clinical instincts and informal questioning are not sufficiently sensitive for early identification of substance use and associated problems.
- **Brief intervention skills** encourage behavior change.
 - Concise conversations at a health care appointment that aim to encourage risk behavior change, in this case... substance use.
- Working with the patient, and whenever possible, a parent or guardian, helps the pediatrician **find suitable referral options** for substance use disorder treatment. **Continuity** of primary care is recommended during and after treatment.



Substance Use Screening in the Primary Care Setting

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PRIMARY CARE ADVANTAGE

- ✓ Longitudinal, trusting relationship
- ✓ Family centeredness
- ✓ Opportunities for prevention and anticipatory guidance
- ✓ Opportunities to intervene early
- ✓ Experience in coordinating with specialists
- ✓ Familiar with chronic care principles & practice improvement
- ✓ Comfort with diagnostic uncertainty



AAP RECOMMENDATIONS

Periodicity schedule

- **Psychosocial/behavioral assessment** at every well-child visit
- **Depression screening** at every well-child visit (11 y – 21 y)
- **Alcohol and drug use assessment** at every well-child visit (11y – 21 y)
 - And appropriate acute care visits

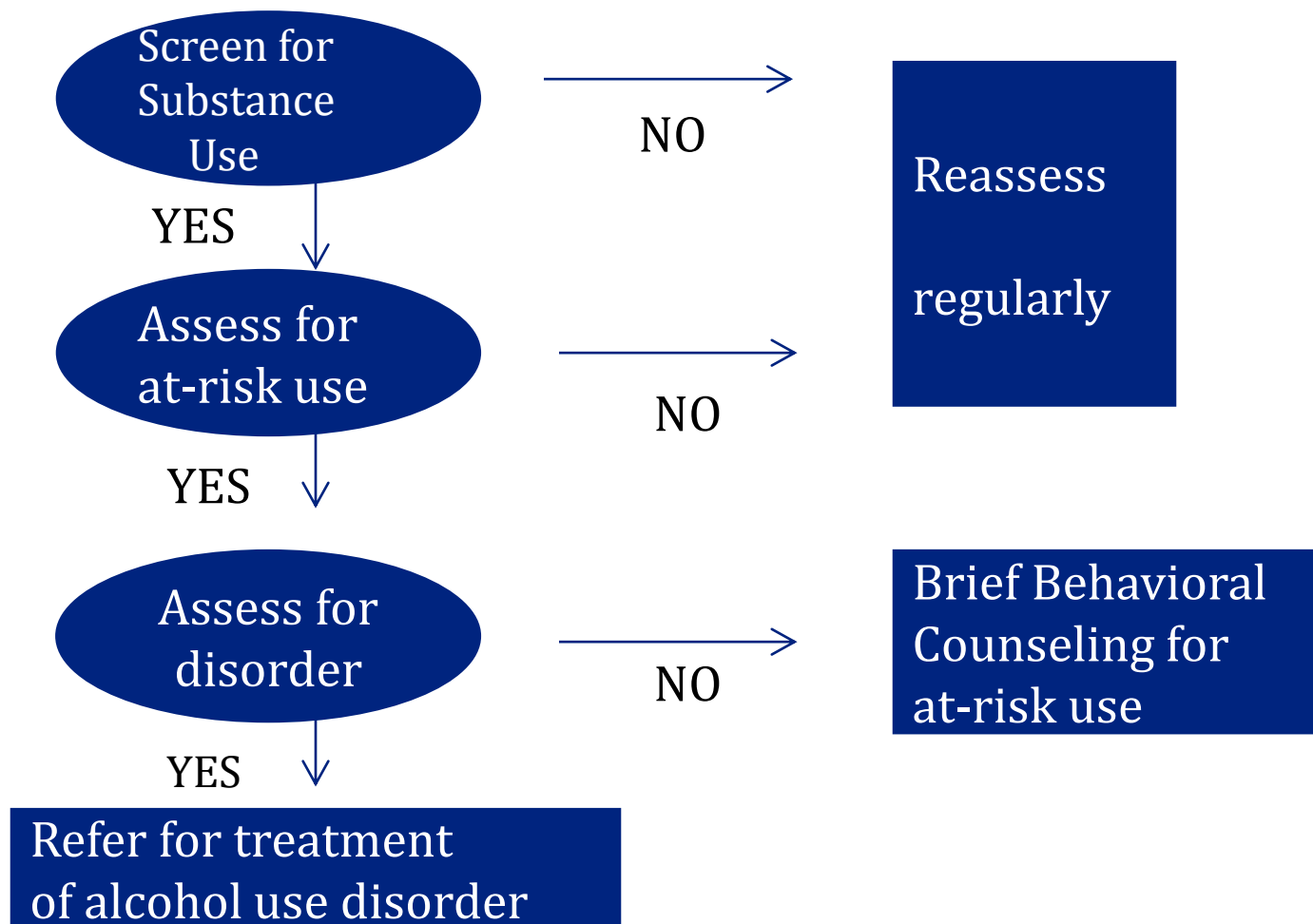


IMPORTANT CONSIDERATIONS IN SCREENING

- Have an approach to identify and support youth affected by behavioral health concerns including substance abuse issues
- Use a validated screening tool
- Develop a chronic disease registry or tracking system
- Learn about coding and reimbursement so that you can be paid appropriately for doing the right thing
- Establish an office crisis plan for managing suicidal or dangerously impaired patients



SCREENING STRATEGY FOR PRIMARY CARE SETTINGS



OTHER CONSIDERATIONS

- Pediatrician should be able to have time with the adolescent without the parent in the room.
- If problem is discovered, discuss with patient how to disclose information to parent.



SBIRT

Mnemonic for...

- **S**creening
- **B**rief **I**ntervention
- **R**eferral to **T**reatment



SCREENING

- Casts a wide net
- Is applied to everyone in a target group – in this case, adolescents
- Not simply a yes or no answer; each level of use requires a response
- Kids do stupid things; substance use helps them do stupid things more stupidly-

Even one-time use can lead to injury, violence, or risky sexual behavior!



SUBSTANCE USE SCREENING & ASSESSMENT TOOLS USED WITH ADOLESCENTS

Goal for Screen = Find out where the patient is on the spectrum



SCREENING

- Assesses a person's substance use and identifies the appropriate level of treatment. Screening is a quick, simple way to identify individuals who need further assessment or treatment for substance use disorders.
- The goal of SBIRT is to make screening for substance misuse a routine part of health care.



ADOLESCENT SUBSTANCE USE SCREENING & ASSESSMENT TOOLS

Brief Screens

- Screening to Brief Intervention (*S2BI*)
- Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)
- Alcohol Screening & Brief Intervention for Youth (NIAAA/AAP)

Assessment Guides

- Car, Relax, Alone, Friends/Family, Forget, Trouble (*CRAFFT*)
- Drug Abuse Screening Test - Adolescent Version (DAST-A)
- Alcohol Use Disorders Identification Test (AUDIT)



BRIEF INTERVENTION

- Focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Brief intervention can be used as a stand-alone treatment for those at-risk as well as a vehicle for engaging those in need of more intensive levels of care.
- BI lasts, on average, 6-8 minutes but generally takes no longer than 15 minutes.
- A motivational interviewing approach is used which focuses on raising the individuals' awareness of substance use and its consequences and motivating them toward positive behavioral change.



BRIEF INTERVENTION

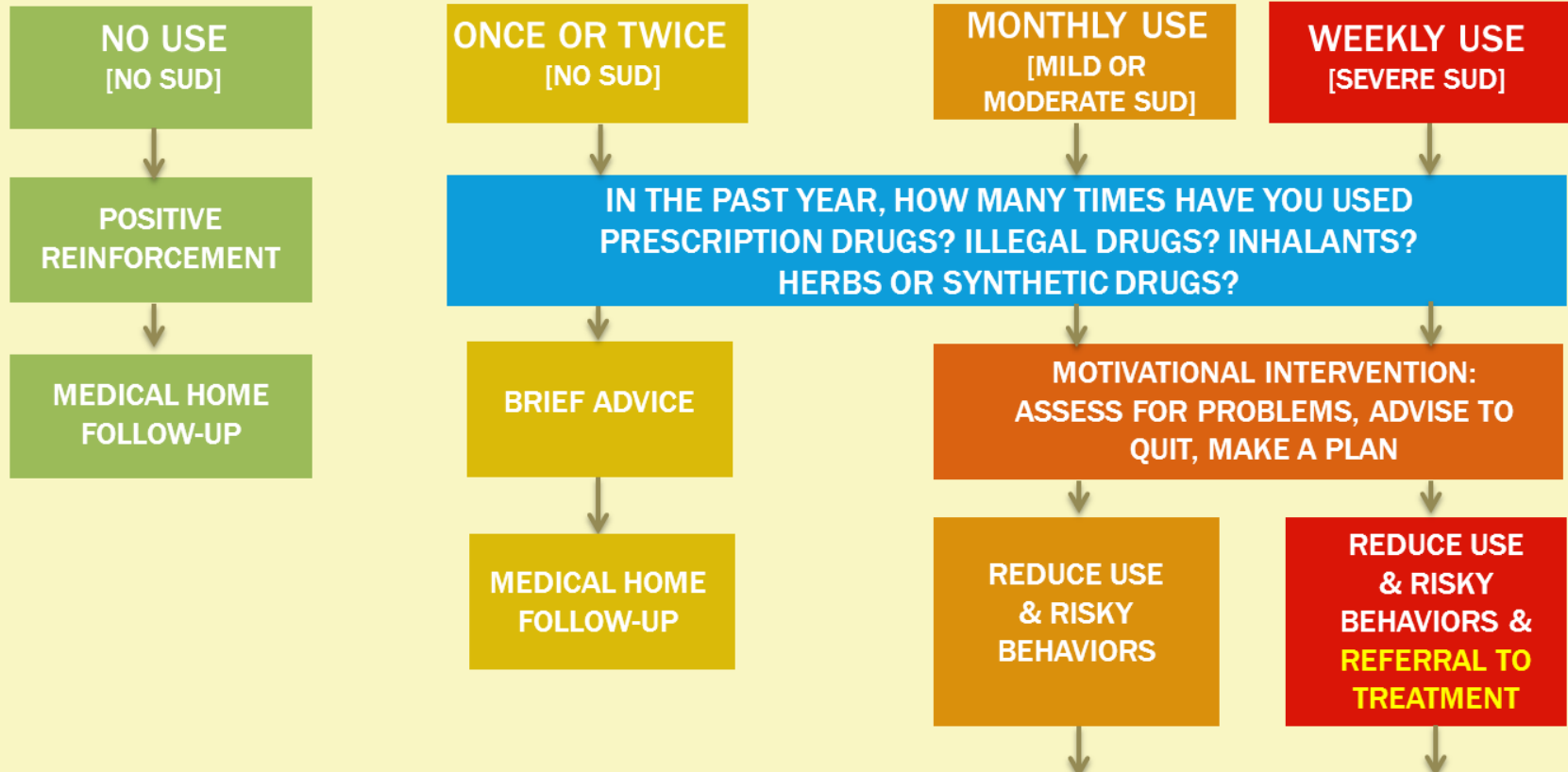
BI = screening outcome-responsive dialogue

Knowing where they are on the spectrum helps to decide



what kind of BI to give

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED
TOBACCO? ALCOHOL? MARIJUANA?



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Stage	Description	Brief Intervention Goals
Abstinence	The time before an individual has ever used drugs or alcohol more than a few sips.	Prevent or delay initiation of substance use through positive reinforcement and patient/parent education.
Substance use without a disorder	Limited use, generally in social situations, without related problems. Typically, use occurs at predictable times, such as on weekends.	Advise to stop. Provide counseling regarding the medical harms of substance use. Promote patient strengths.
Mild-moderate substance use disorder	Use in high-risk situations, such as when driving or with strangers. Use associated with a problem, such as a fight, arrest, or school suspension. Use for emotional regulation, such as to relieve stress or depression. Defined in as meeting 2 to 5 of the 11 criteria for an SUD in DSM-5.	Brief assessment to explore patient-perceived problems associated with use. Give clear, brief advice to quit. Provide counseling regarding the medical harms of substance use. Negotiate a behavior change to quit or cut down. Close patient follow-up. Consider referral to SUD treatment. Consider breaking confidentiality.
Severe substance use disorder	Loss of control or compulsive drug use associated with neurologic changes in the reward system of the brain. Defined as meeting 6 or more of the 11 criteria for an SUD in DSM-5.	As above. Involve parents in treatment planning whenever possible. Refer to the appropriate level of care. Follow up to insure compliance with treatment and to offer continued support.



IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED TOBACCO? ALCOHOL? MARIJUANA?

NO USE
[NO SUD]

POSITIVE REINFORCEMENT

MEDICAL HOME FOLLOW-UP

ONCE OR TWICE
[NO SUD]

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED PRESCRIPTION DRUGS? ILLEGAL DRUGS? INHALANTS? HERBS OR SYNTHETIC DRUGS?

BRIEF ADVICE

MEDICAL HOME FOLLOW-UP

MONTHLY USE
[MILD OR MODERATE SUD]

MOTIVATIONAL INTERVENTION:
ASSESS FOR PROBLEMS, ADVISE TO QUIT, MAKE A PLAN

REDUCE USE & RISKY BEHAVIORS

MEDICAL HOME CARE

WEEKLY USE
[SEVERE SUD]

REDUCE USE & RISKY BEHAVIORS & REFERRAL TO TREATMENT

MEDICAL HOME CARE

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MOTIVATIONAL INTERVIEWING: A TOOL FOR PROMOTING CHANGE

- Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the **language of change**.
- It is designed to strengthen personal motivation for attaining a specific goal by eliciting the person's own reasons for change within an atmosphere of acceptance and compassion.



THE SPIRIT OF MOTIVATIONAL INTERVIEWING

- Throughout time, a significant aspect of human nature has remained: humans tend to resist being coerced and told what to do.
- Acknowledging a person's freedom not to change is the thing that sometimes makes change possible.



A SUCCESSFUL MOTIVATIONAL INTERVIEWER WILL:

- **Ask** the person where he/she wants “to go”.
- **Listen** to and respect what the person wants.
- **Inform** the person about options to achieve their goal and see what makes sense to them.



THE FOUR PRINCIPLES OF MOTIVATIONAL INTERVIEWING (EDRS):

Express empathy:

The provider makes a genuine effort to understand the client's perspective and an equally genuine effort to convey that understanding to the client. This is an inherent element of reflective listening.

Develop discrepancy:

Listen for strategies that facilitate the client's identification of discrepant elements of a particular behavior or situation.

Example, values versus behaviors: client values being a responsible parent; however, the client is having difficulty tackling a heroin addiction. Areas of discrepancy may include: past versus present; behaviors versus goals.

Roll with resistance –avoid argumentation:

This is the provider's ability to diminish resistance, connect with the client and move in the same direction. Avoid arguments. Expressing empathy, understanding why a client has a particular belief might be the intervention.

Support self-efficacy:

This is the provider's ability to support the client's hopefulness that change or improvement is possible. Focus on the client's strengths, previous successes, efforts and concerns. Key words: hope and optimism.

REFERRAL TO TREATMENT

- Provides those identified as needing more intensive treatment with access to specialty care.
- The effectiveness of the referral process to specialty treatment is a strong measure of SBIRT success.
- Individuals will be referred to either Brief Treatment (BT) or more intensive treatment based on the primary care provider's assessment after screening and discussion with patient.
- High risk individuals who are not willing to participate in more intensive treatment should be offered BT as an alternative.



TREATMENT

- Know community resources
- Vet community resources
- It may take repeated encouragement with parents/caregivers to follow-through on recommended referrals
- SAMHSA's Substance Abuse Treatment Facility Locator
- Additional strategies for underresourced areas
 - National Network of Child Psychiatry Access Programs (http://web.jhu.edu/pedmentalhealth/nncpap_members.html)
 - Obtain buprenorphine waiver to help teens who develop opioid addiction! (pcssmat.org)



GETTING STARTED: SCREENING

- S2BI developed at Boston Children's Hospital uses a combination of S2BI + CRAFFT
- However, if screen negative, you lose the CAR question
- Also unclear with new screens if they will be reimbursable

SO



Introduction: I'm going to ask you a few questions that I ask all my patients, please be honest. I will keep your answers confidential.

S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

- Tobacco? _____
- Alcohol? _____
- Marijuana? _____

STOP if all "Never." Otherwise, CONTINUE.

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)? _____
- Illegal Drugs (such as cocaine or Ecstasy)? _____
- Inhalants (such as nitrous oxide)? _____
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)? _____

- Never
- Once or twice
- Monthly
- Weekly

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The CRAFFT Screening Interview

Each positive answer, scores one point

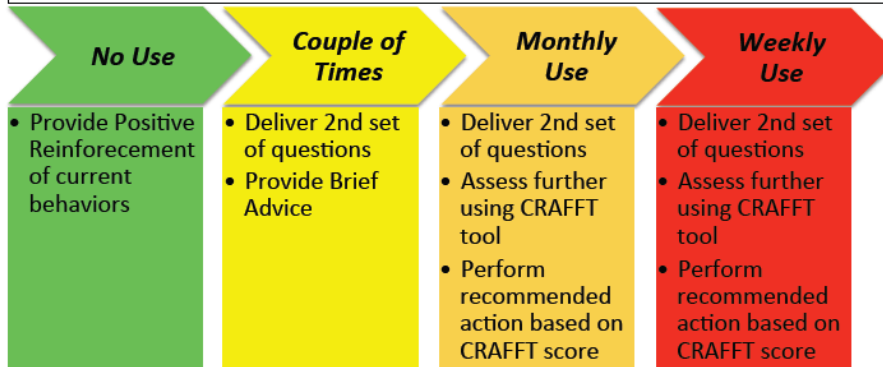
C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A	Do you ever use alcohol or drugs while you are by yourself, ALONE ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F	Do you FORGET things you did while using alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F	Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
T	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Introduction: Hi, my name is _____ and I am a <job title> here. Is it okay if I took about 10 minutes of your time to discuss the results of the screen you just completed? Let's start by talking about your responses on the screen to and explore more about your experiences with alcohol or other drugs. I'm not going to lecture you or tell you what to do about alcohol and drugs; you're in charge of you and only you can make those decisions. I just want to think with you about your use and how it fits into your life. Would this be okay?

S2BI Results and Scoring
Administer first 3 questions. Stop if all "Never". Otherwise, administer next set of questions and follow the instructions below based on the received responses.



CRAFFT Results and Scoring
Administer questions. Each positive answer, scores one point. Calculate score to determine risk level and recommended action.

CRAFFT SCORE	RISK LEVEL	Recommended Actions
0	No Risk	Positive Reinforcement
1 - 2	Low Risk	Brief Advice
3 - 4	Moderate Risk	Brief Intervention/Brief Therapy
5 - 6	High Risk	Brief Intervention/Brief Therapy/ Referral to Treatment



GETTING STARTED: SCREENING

For the purpose of this discussion, we will be using the CRAFFT as an example.

This 2-step screening may be accomplished by:

1. interview with the physician
 2. interview with office staff
 3. self-administered written or electronic survey.
- Screening for substance use is most informative when conducted confidentially without a parent or guardian present.
 - **Before screening, both patients and parents should be well informed about the confidentiality policy followed in your practice setting, including the safety-related limits that justify whether to continue or break confidentiality.**



CRAFFT –SCREENING TOOL FOR SUBSTANCE USE: 3 SCREENING QUESTIONS + “CAR” FROM CRAFFT

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high? (“Anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff.”)

No to all (1+2+3) still =C

All patients are asked the “C” (or “car”) question to determine if they have placed themselves at risk by riding with an alcohol- or drug-“influenced” or intoxicated driver.

*Those who answer “yes” to any of the opening questions are asked all **6 CRAFFT** questions*



Adolescent annual questionnaire

We ask all our adolescent patients to complete this form at least once a year, because substance use and mood can affect your health. Please ask your doctor if you have any questions.

Patient name: _____

Date of birth: _____

Your answers on this form will remain confidential.

Substance use (CRAFFT):

In the last 12 months, did you:

	No		Yes
Drink any alcohol (more than a few sips)?	<input type="checkbox"/>	If you answered No to all three questions, answer #1 below.	<input type="checkbox"/>
Smoke, vape or eat any kind of marijuana?	<input type="checkbox"/>		If you answered Yes to any questions, answer questions #1-6 below
Use anything else to get high?	<input type="checkbox"/>		

	No	Yes
1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>



CRAFFT

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No

Yes

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.

If you answered YES to ANY (A1 to A3), answer B1 to B6 below.

Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

No

Yes

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

4. Do you ever FORGET things you did while using alcohol or drugs?

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

(For the clinician or behaviorist)

Interpreting the CRAFFT (Substance use)

Each “Yes” response on questions 1-6 receives a point. Points are added for a total score:

Score*	Risk	Recommended action
“No” to 3 opening questions	Low risk	Positive reinforcement
“Yes” to car question	Driving/Riding risk	Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs (Consider using Contract for Life)
CRAFFT score = 0	Moderate risk	Brief advice
CRAFFT score = 1		Brief intervention
CRAFFT score ≥ 2	High risk	Consider referral for further assessment

Adolescent SBIRT Opening Questions

During the past 12 months, did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high? ("Anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff.")

No to all

Praise and Encouragement

"You have made some very good decisions in your choice not to use drugs and alcohol. I hope you keep it up."

CRAFFT "CAR" Question

Yes to any

If Yes to CAR

"Please don't ever ride with a driver who has had even a single drink, because people can feel that it's safe to drive even when it's not."

Offer a Contract for Life:
www.sadd.org/contract.htm

Administer CRAFFT

- C** = Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R = Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
A = Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
F = Do you ever **FORGET** things you did while using alcohol or drugs?
F = Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
T = Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

Brief Advice

"I recommend that you stop (drinking/smoking) and now is the best time. Alcohol/drugs kill brain cells and can make you do stupid things that you will regret. You are such a good (student/friend/athlete). I would hate to see anything interfere with your future."

CRAFFT = 0 or 1

CRAFFT ≥ 2

Brief Assessment

Tell me about your alcohol/substance use. Has it caused you any problems? Have you tried to quit? Why?

No Signs of Acute Danger or Addiction

Signs of Addiction

Signs of Acute Danger

Brief Negotiated Interview

to stop or cut down.

Give brief advice and summary.

"As your physician, I recommend that you quit drinking entirely for the sake of your health and your brain, but we both know that decision is up to you. You said that all of your friends drink and you enjoy drinking at parties; on the other hand, you recently had a blackout and are not sure how you got home that night. What are your plans regarding alcohol use in the future?"

Give praise and encouragement if willing to quit. Plan follow-up.

"It sounds like you have already started thinking about how alcohol use is affecting your life and that it would be a really smart decision to cut down. Would you be willing to quit drinking entirely for one month and then check in again with me?"

If unwilling to quit, encourage to cut down. Plan follow-up.

"OK, it sounds like you're not willing to quit entirely, but you do want to cut down. Are you willing to limit yourself to one drink when you are at a party to make sure you don't have another blackout? I'd like you to come back in one month to see how that goes."

≤ 14 years, daily or near daily use of any substance, CRAFFT ≥ 5, alcohol related blackouts (memory lapses):

Refer to treatment.

Summarize

"I hear you saying that you depend on marijuana to help you concentrate and relax. You are frustrated because you are fighting with your parents all of the time and you were suspended from school. You tried quitting for a while, but that didn't last long. I am worried that you may be losing control over marijuana."

Refer

"I would like you to speak to someone to think more about the role marijuana is playing in your life, and the impact it could have on your future."

Invite parents

"Let's tell your parents that you have agreed to talk to someone about marijuana. They already know you use, and in my experience parents are usually relieved when their child agrees to speak to someone. I don't plan on saying much else, but is there anything you would like to be sure I keep confidential?"

Drug-related hospital visits; use of IV drugs; combining alcohol use with benzodiazepines, barbiturates or opiates; consuming potentially lethal volume of alcohol (14 or more drinks); driving after substance use.

Make an Immediate Intervention

Contract for safety:

"I am really worried about your drinking. Could you agree not to drink at all this weekend until you can speak with your counselor/me again on Monday?"

Consider breaking confidentiality to ask parents to monitor and insure follow-through:

"I am going to tell your parents about our agreement so that they can support you."



POSITIVE REINFORCEMENT

No to all

1

Praise and Encouragement

"You have made some very good decisions in your choice not to use drugs and alcohol. I hope you keep it up."

CRAFFT "CAR" Question

Yes to any

1

Administer CRAFFT

C = Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R = Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A = Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

F = Do you ever **FORGET** things you did while using alcohol or drugs?

F = Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T = Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

PLAN TO AVOID DRIVING RISK:

If Yes to CAR



"Please don't ever ride with a driver who has had even a single drink, because people can feel that it's safe to drive even when it's not."

Offer a Contract for Life:

www.sadd.org/contract.htm



CONTACT FOR LIFE

WWW.SADD.ORG/CONTRACT.HTM



Contract for Life A Foundation for Trust and Caring

This Contract is designed to facilitate communication between young people and their parents about potentially destructive decisions related to alcohol, drugs, peer pressure, and behavior. The issues facing young people today are often too difficult for them to address alone. SADD believes that effective parent-child communication is critically important in helping young adults to make healthy decisions.

Young Person

I recognize that there are many potentially destructive decisions I face every day and commit to you that I will do everything in my power to avoid making decisions that will jeopardize my health, my safety and overall well-being, or your trust in me. I understand the dangers associated with the use of alcohol and drugs and the destructive behaviors often associated with impairment.

By signing below, I pledge my best effort to remain free from alcohol and drugs; I agree that I will never drive under the influence; I agree that I will never ride with an impaired driver; and I agree that I will always wear a seat belt.

Finally, I agree to call you if I am ever in a situation that threatens my safety and to communicate with you regularly about issues of importance to both of us.

Young Person _____

Parent (or Caring Adult)

I am committed to you and to your health and safety. By signing below, I pledge to do everything in my power to understand and communicate with you about the many difficult and potentially destructive decisions you face.

Further, I agree to provide for you safe, sober transportation home if you are ever in a situation that threatens your safety and to defer discussions about that situation until a time when we can both have a discussion in a calm and caring manner.

I also pledge to you that I will not drive under the influence of alcohol or drugs, I will always seek safe, sober transportation home, and I will always wear a seat belt.

Parent/Caring Adult _____

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



BRIEF ADVICE

Brief Advice

"I recommend that you stop (drinking/smoking) and now is the best time. Alcohol/drugs kill brain cells and can make you do stupid things that you will regret. You are such a good (student/friend/athlete). I would hate to see anything interfere with your future."

CRAFFT ≥ 2

CRAFFT ≥ 2

Brief Assessment

Tell me about your alcohol/substance use. Has it caused you any problems?
Have you tried to quit? Why?

NO SIGNS OF ACUTE DANGER OR ADDICTION

No Signs of Acute Danger or Addiction

Brief Negotiated Interview to stop or cut down.

Give brief advice and summary.

"As your physician, I recommend that you quit drinking entirely for the sake of your health and your brain, but we both know that decision is up to you. You said that all of your friends drink and you enjoy drinking at parties; on the other hand, you recently had a blackout and are not sure how you got home that night. What are your plans regarding alcohol use in the future?"

Give praise and encouragement if willing to quit. Plan follow-up.

"It sounds like you have already started thinking about how alcohol use is affecting your life and that it would be a really smart decision to cut down. Would you be willing to quit drinking entirely for one month and then check in again with me?"

If unwilling to quit, encourage to cut down. Plan follow-up.

"OK, it sounds like you're not willing to quit entirely, but you do want to cut down. Are you willing to limit yourself to one drink when you are at a party to make sure you don't have another blackout? I'd like you to come back in one month to see how that goes."

REFER TO TREATMENT:

≤ 14 years, daily or near daily use of any substance,
CRAFFT ≥ 5, alcohol related blackouts (memory lapses):

Refer to treatment.

Summarize

"I hear you saying that you depend on marijuana to help you concentrate and relax. You are frustrated because you are fighting with your parents all of the time and you were suspended from school. You tried quitting for a while, but that didn't last long. I am worried that you may be losing control over marijuana."

Refer

"I would like you to speak to someone to think more about the role marijuana is playing in your life, and the impact it could have on your future."

Invite parents

"Let's tell your parents that you have agreed to talk to someone about marijuana. They already know you use, and in my experience parents are usually relieved when their child agrees to speak to someone. I don't plan on saying much else, but is there anything you would like to be sure I keep confidential?"

COMPLETING THE STEPS

- Document screening in medical record- **TSA**
 - **Tool(s) used**
 - **Score(s) Achieved**
 - **Action(s) taken-guidance provided to parents/child, referral made, etc.**



SBIRT EFFECTIVENESS

Research has shown:

- Large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through screening in health care and other social service settings.

SBIRT has been found to:

- Decrease the frequency and severity of drug and alcohol use
- Reduce the risk of trauma (car crashes, violence, suicide attempts)
- Reduce risky behavior (unprotected sexual encounters, DUI)
- Increase the percentage of individuals who enter specialized substance abuse treatment
- Improve quality-of-life measures (employment, housing stability, education status)
- SBIRT has also been associated with fewer hospital days and fewer emergency department visits. Cost-benefit and cost-effectiveness analyses demonstrate net-cost savings from these interventions.

SUBSTANCE ABUSE AND SBIRT RESOURCES

- www.SBIRToregon.org
- WAIT21.org
- www.samhsa.gov/sbirt



PAYMENT FOR SCREENING

CPT Codes: Overview

- **96110 (developmental screening)**, with scoring and documentation, per standardized instrument), covers office overhead, i.e., the practice and malpractice expenses in the use of a screening instrument (nonphysician may give the instrument to the patient, score, and record but physician reviews)
- CT Medicaid requires specification of results: Positive or Negative (effective August 1, 2014)
 - **96127 (brief emotional or behavioral assessment)**, with scoring and documentation, per standardized instrument
 - Code became effective nationally: January 1, 2015
 - CT Medicaid requires specification of results: Positive or Negative
 - **99420** covers administration and interpretation of health risk assessment instruments, e.g., postpartum depression screening
- Coding Resource
 - AAP Coding Hotline: aapcodinghotline@aap.org
 - Download the CT Provider Bulletin: [PB 2014-91 2015 HIPPA Update.pdf](#)



GETTING PAID FOR SBIRT

Billing and Coding

Full screen only : CPT 99420

Full Screen plus Brief Intervention

- \geq 15 min 99408 Medicare G0396
- \geq 30 min 99409 Medicare G0397



Prevention and early intervention can
make a huge difference in the life of
the future adult in front of you



ACKNOWLEDGEMENT

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QUESTIONS/COMMENTS

Contact Information:

American Academy of Pediatrics

Substance Use Initiatives:

substanceuse@aap.org

